CHAPTER 8

TEAMWORK

A. INTRODUCTION

Involving an agency's clinical staff in outcome enhancement activities has been mentioned at several points in this manual. One way to incorporate staff is by utilizing team(s). Some agencies already incorporate teams in their quality improvement processes—these agencies will find their current activities relatively easy to transfer to OBQI. For other agencies, the use of teams will be a new concept. Agencies that have successfully improved their patient outcomes most often have involved teams in this effort. Several of their experiences are shared in this chapter.

B. WHY TEAMS?

Today's health care market challenges home care agencies to strive to provide better care faster and in a more cost-efficient manner. An agency needs to garner all the available expertise to effectively address opportunities to improve. Each agency has that expertise, without hiring any highly paid consultants: ITS OWN STAFF! They are regularly entrusted with the responsibility of providing care for life-threatening illnesses, meeting clinical record standards, and correctly submitting claims to payers. They KNOW the processes (and variations), and they can help identify and solve problems. Historically, few organizations have been able to effectively manage significant improvements without employee involvement.

The initial presentation of outcome findings will naturally result in certain questions and emotional reactions in the agency. The challenge presented is to encourage staff to think introspectively and analytically. With appropriate training, teams of employees can maintain the necessary objectivity to investigate selected outcomes and lead other staff members to acceptance. Employees who pool their resources and skills to form teams can tackle much larger issues than an individual working alone. A team of enthusiastic and committed employees is visible throughout the agency. The agency will learn with and from the team as new leaders and internal experts emerge. Existing leaders are able to improve their skills in leading groups.

The more people that are involved in every stage of an improvement effort, the greater the likelihood of success. Employees often perform to the level of the expectation. Involve them in identifying the need for change, planning and implementing the change, evaluating the results of the change, and acting on those results. In this way, the employees "own" the change and will work to make it succeed. Changing clinical care delivery (and thus patient outcomes)

requires that agencies must use as many techniques as possible. Do not overlook the power of using teams.

The remainder of this chapter discusses the use of two teams for the outcome enhancement activities. An agency may choose to follow the two-team approach, or may decide to use a different approach in organizing agency's processes. This will depend on the experience of staff, how well individuals within the agency work together, the level of experience staff has with CQI processes, and the size of the agency. In the "lean and mean" home health industry of today, large agencies should consider the overall benefits of committing staff time to work intensively in these teams for a brief period of time (e.g., two to five meetings over one month) compared to committing several hours each month over a year. Agencies should also look at currently existing teams that might be appropriate to take on this intensive task for a short time. In small agencies, it often happens that there is only one team and that team does everything (i.e., management, supervision, QI, office management, billing, etc.). In that case, consider including one or two clinical field staff members on this team and go forth! It is important for the agency to select the structure that will work most efficiently and cost effectively for the individual situation.

C. EXAMPLES OF A TWO-TEAM APPROACH

The two-team approach is an example of one way to approach outcome enhancement activities. The two teams used in this approach are:

- Target Outcome Selection Team (or Steering Committee): This is the first team to be selected. The team's tasks are to analyze and interpret the outcome report and to provide overall guidance to the Care Process Action Team.

- Care Process Action Team (or Task Force): This work team will conduct the process-of-care investigation and planning activities (with leadership provided by the Target Outcome Selection Team).

Target Outcome Selection Team

The **Target Outcome Selection Team** analyzes the outcome reports and selects the specific outcomes to be investigated. In some agencies, the Target Outcome Selection Team may be selected from among management and quality improvement staff. Since it can be unwieldy to assign this analytic and inter-pretation process to an entire management team, it is best to select a group of five to six key people for this team. Groups this size can review and analyze the outcome reports and make recommendations to the entire management team regarding which outcomes to investigate further. A smaller agency may elect to

utilize the entire management team as the Target Outcome Selection Team. In some agencies, the Target Outcome Selection Team may select the members of the Care Process Action Team (possibly after asking for volunteers). Some of the membership from the Target Outcome Selection Team may overlap with the Care Process Action Team. For example, the leader and the coach for the Care Process Action Team may come from the Target Outcome Selection Team. (These roles are discussed shortly.)

Two examples (based on agency size) of the structure of a Target Outcome Selection Team follow:

In a *large agency*, the Target Outcome Selection Team includes the Quality Improvement Manager (a nurse), the Vice President of Patient Services, the Data Processing Manager, the Public Relations Officer, a Nurse Supervisor, and the Rehab Services Supervisor. This group selects the Vice President of Patient Services to be their leader. The Target Outcome Selection Team analyzes the outcome report and recommends to the entire management team that they investigate the outcomes for Improvement in Ambulation/Locomotion and Improvement in Dyspnea. They select the Nursing Supervisor from the Target Outcome Selection Team to be the leader of the Care Process Action Team for Improvement in Dyspnea, and the Rehab Services Supervisor to head the investigation for Improvement in Ambulation/Locomotion. The Quality Improvement Manager is selected to be the coach (facilitator) for both Care Process Action Teams, since he/she is most experienced in teaching CQI methods to staff.

In a *small agency*, the Target Outcome Selection Team is made up of the entire management team: Administrator, Business Office Manager, Nursing Supervisor, and Paraprofessional Staff Supervisor. The Administrator leads the team as it analyzes its outcome report and selects the target outcomes of Improvement in Bathing and Improvement in Transferring. The team selects the Nursing Supervisor to head the investigation for the outcome of Improvement in Transferring and selects the Paraprofessional Staff Supervisor to lead the investigation into Improvement in Bathing. This small agency has had very limited exposure to Continuous Quality Improvement (CQI) and determines that, since they are all learning, there will not be one person appointed as "coach" or "facilitator."

Care Process Action Team

The **Care Process Action Team** should include staff who are regularly involved in or affected by the work processes related to the outcome being investigated (i.e., the people who "own" the process). Keep the number of members relatively small to remain workable, probably no more than five to seven people. Select

members from across disciplines and functions as appropriate. Later, during the planning phase, the Care Process Action Team may decide to call on other staff for consultation, as the team identifies other work processes and systems that may be affected by changes.

Using the Target Outcome Selection Team examples above, examples of the selection and tasks of a Care Process Action Team follow:

In the *large agency*, one selected target outcome is Improvement in Ambulation/Locomotion. The Target Outcome Selection Team chooses patient care staff for the Care Process Action Team: one staff nurse, one physical therapist, one occupational therapist, one home health aide, and one certified physical therapy assistant. The leader is the Rehab Services Supervisor and the coach is the Quality Improvement Manager, both of whom participate on the Target Outcome Selection Team. After investigating the outcome, the Care Process Action Team decides that one of the interventions needed is to modify the agency documentation forms. To help in this effort, the team invites one representative each from medical records and data entry staff to consult with the team. Both medical records and data entry staff are directly involved with the agency's paper flow process, including locating specific information on forms.

The *small agency* referred to above has selected Improvement in Bathing as one target outcome to investigate, and the Paraprofessional Staff Supervisor will lead this investigation. The Target Outcome Selection Team determines that the appropriate members of this team are a staff RN, a staff LPN, and a home care aide. As their investigation concludes, they determine that the clinical staff members are not effectively intervening to increase patient's strength and endurance when decreased ability to bathe is present. They decide to include an additional home care aide who has worked in a rehab setting to the team. Her experience broadens their identification of best practices to implement in the agency.

D. TEAM DEVELOPMENT

Characteristics of Effective Teams

Members of the most effective teams share commitment to a vision and agree on common goals and tasks. They develop an informal, comfortable atmosphere where everyone is encouraged to participate. They learn to listen to one another effectively: to ask questions, paraphrase, and summarize to clarify what they hear. The team becomes comfortable with disagreement, recognizing the benefits of diversity, and understands how to resolve conflicts objectively. The members learn how to make consensus decisions and openly express their ideas on the tasks and on the team's functioning (i.e., there are few "hidden agendas"). They accept and complete tasks on time. The team's members exhibit various

interaction styles, including those who focus the team's attention on tasks and goals, those who focus on team processes, and those who frequently question how the team is functioning. The effective team periodically examines how well it is meeting goals. The leader and coach accept their responsibilities, model appropriate behavior, and assist team members to learn appropriate behaviors and processes for optimal team functioning.

Team Developmental Stages

As teams form and members become acquainted, initial politeness and reservations give way to less inhibited expressions of members' different needs at different times. As agency staff members review clinical actions and learn to work closely and interdependently, strong emotions will be expressed: anticipation, anger, acceptance, self-confidence. Nearly every team goes through similar stages, although the stages are experienced somewhat differently in each team. Tuckman identified four stages of team development: Forming, Storming, Norming, and Performing (Tuckman 1965). The leader's goal will be to strengthen mutual trust throughout every stage.

When the team is "forming," the members will be enthusiastic, excited, and somewhat anxious to find out what is expected of them. They may feel insecure, and may be reluctant at this stage to voice conflicting opinions openly. The leader will need to explain the purpose of the team, help set team goals, and guide the team in setting "ground rules" (guidelines for team members' interactions).

As the team members begin to learn to work together, enthusiasm sometimes gives way to frustration and anger, signaling the arrival of the "storming" stage. This is a high-energy time and can be very creative and productive. Team members will need to work to resolve conflicts, observe ground rules, and establish trust among the members and between the leader and the members. The cardinal rule for the leader at this stage is to be trustworthy and model appropriate behavior and responses.

As they move into the "norming" stage, the members of the team demonstrate conscious efforts to accommodate each other and work together productively. The danger at this stage is that in their efforts to avoid conflict, team members may not offer their good ideas. The leader can help the team members strengthen their trust in one another by increasing their responsibilities and providing new challenges.

The "performing" team functions productively and has learned to resolve conflicts constructively. This is a time for the leader to step back and let the team demonstrate its capabilities. The leader will be somewhat less visible, but remain available if needed. The leader should be alert to the possibility of the team

losing momentum if members become complacent, and help them identify new challenges.

At any stage, the team may return to a previous phase if members are added or lost. When this occurs, the leader needs to be able to identify the changes and return to a more active role in guiding the team through the transition.

By identifying the stages of team development, and becoming aware of the normalcy of these various team stages, an agency can better prepare for the team's work. Although it may appear that progressing through these various stages happens over a long period of time, in fact the progression can occur quite rapidly, particularly in an agency where staff members know each other well and have worked closely together to solve problems in the past.

E. TEAM LEADERSHIP

To select a leader for the Care Process Action Team, the agency should choose the person who is most closely related to the processes to be investigated, and who is genuinely interested in investigating the outcome identified. This leader may be identified by the Target Outcome Selection Team or by the Care Process Action Team itself. The leader should be reasonably effective in working with individuals and groups and be someone who can assume the responsibility to create and maintain a productive team. This person needs to focus on the team's tasks and goals, while remaining cognizant of how the team's work fits into the agency's overall mission, vision, values, and plans.

The team leader is the manager of the team and thus is responsible for calling meetings, handling or assigning administrative details, orchestrating team activities, overseeing report presentations, and facilitating discussions. With an individual designated as a coach (described later in this section), the leader helps the team members learn new skills and tools to facilitate group problem solving. In agencies where a coach is not available, the leader may need to do more preparation, including learning about various group decision-making techniques that can be useful. The team leader may be a supervisor or a staff member with leadership skills.

Role and Responsibilities of the Team Leader

The leader of the Care Process Action Team is the contact point for communication between the team and the rest of the agency. The leader is also an active team member and as such must attend meetings, complete assignments, and share in the team's work. The leader may want to restrain his or her participation in discussions, so members will be more likely to participate

actively. The leader and the coach may ask the Target Outcome Selection Team to meet with the Care Process Action Team when deemed appropriate.

The leader, with help from the coach, facilitates and supports team decisions by developing the team's decision-making skills and structuring early decision-making processes to guide the team members through any processes that are new to them (e.g., arriving at consensus). The leader clarifies the boundaries for the team's decision-making authority (e.g., scope, budget, time) and helps the team implement its decisions. The leader helps the team members understand that they are accountable for the results of their decisions, including the mistakes they will make and from which they will learn. As the team's confidence grows, its members' creativity and potential for problem solving expand also. At every step the leader can help to focus the team members on what they are learning from their experiences. As the team progresses, the team identity will continue to grow and evolve.

The leader will help the team members understand that team differences are an advantage, that different perspectives can lead to better solutions. The leader will guide them in building respect for diverse points of view and validating the various values and opinions that exist among team members. When all viewpoints are given equal consideration and attention, members feel their opinions are valued.

The leader shares information with the team about agency concerns and decisions and about improvement projects occurring in other areas of the agency. The leader learns new ways of facilitating group discussions, of handling disruptive behaviors, and gains a new appreciation of the talent and creativity of the members of the team. Some agencies will elect to have few team meetings and to accomplish many tasks outside of meeting time. In these situations, the leader will guide the team in establishing a communication structure to keep all team members informed and up to date.

Coach (a.k.a. Quality Advisor, Facilitator)

The coach provides consultation to the team about team processes and helps team members discover the answers for themselves. As he or she facilitates and observes the team work together, the coach instructs the team in the use of tools and methods to improve team processes. The coach, with the team leader, meets with the Target Outcome Selection Team as needed. For agencies with little experience with CQI processes and techniques, additional resources might be sought. Such resources might include a trade organization to which the agency belongs, a local business that has established an effective QI program, or the corporate office for agencies that are part of a larger organization.

The coach may be selected by the Target Outcome Selection Team or elected by the Care Process Action Team. The coach should be someone who has had extra training and experience in leading group processes and also has the ability to teach group processes to teams. The coach does not need to be someone who is closely tied to the work processes being investigated. In fact, it may be easier for the coach to maintain neutrality if he or she is not well acquainted with the care processes in question. It is advantageous, at least when an agency is new to using CQI processes, for the coach to be a person with management experience, who understands CQI concepts, and who has knowledge of and experience using the tools of CQI, including running effective meetings.

Role and Responsibilities of the Coach

The coach focuses on the team's processes more than its products. The coach is considered an "outsider" who can objectively observe and evaluate the team's processes. The coach teaches the team members how to identify the kinds of decisions they should make and develop criteria for making decisions. With the guidance of the coach, the team learns various methods for selecting potential solutions to questions or problems. The coach will rarely, if ever, run meetings, handle administrative details, or carry out team assignments.

The coach helps team members become more comfortable with thinking critically about care provision. The coach guides the team to focus on reasonable conclusions that can be drawn from collected data and to display the data in a way that is clear to all (e.g., in a graph). The coach restrains the team from developing solutions before causes of the problem have been identified.

The coach continually develops and improves his or her personal skills in facilitating group processes and planning. Skills will expand as the coach demonstrates coping with difficult or dominating participants, encouraging reluctant participants, resolving conflicts among team members, and teaching these skills to the leader and the team members. The coach can also help the team design and rehearse presentations to management or other agency groups. The coach can be helpful to the leader endeavoring to limit the number and length of meetings by developing approaches to decision-making that involve in-office mail, voice mail, or e-mail.

F. TEAM MEMBERS

The members of the team carry out the bulk of the assignments and work most closely with the processes being investigated. They investigate the process, plan and implement improvements, evaluate the effect of implemented changes, and make necessary revisions. The team members' greatest challenge may be

learning to become creative business partners, rather than more passive employees.

The Target Outcome Selection Team usually selects the members of the Care Process Action Team. Depending on agency structure and processes, the Target Outcome Selection Team may select from a list of volunteers or ask managers to submit suggestions. Most effective team members regularly perform steps in the process being investigated, or their work is directly affected by how steps in the process are performed. The various members may represent different steps and different disciplines in the process. In agencies with small teams, members should have the broadest understanding of the processes in question.

To select effective team members, look for staff who demonstrate that they can be open about their ideas and feelings and can help others do the same. You want members who are thoughtful, demonstrate their individuality, are concerned with the issue to be addressed, and can demonstrate their internal commitment. Team members can learn effective team processes while completing basic team tasks, so previous CQI team experience is not necessarily a requirement.

Roles and Responsibilities of Team Members

Team members should recognize that by selecting them for this team, management has indicated interest in addressing the identified problem and has expressed confidence in the individuals selected for the team. Team participation is a priority responsibility equal to the responsibilities of the team members' regular positions.

Members of the Care Process Action Team are responsible for contributing as fully as possible by sharing their knowledge and expertise related to the process being investigated. They are responsible for participating in all meetings and discussions at meetings. Members are encouraged to ask questions if they lack understanding about something that is said.

Assignments to be completed between meetings will be selected and planned at meetings. Members have input into how assignments are made, the tasks to be accomplished, and the date assignments are to be completed. Many agencies have held an initial orientation/planning meeting at which tasks were assigned to be completed in a specific time frame, then reconvening the team to pool information.

Team members are likely to learn a great deal from this experience, building on past experiences and adding new skills. They will learn active listening skills, how to resolve conflicts within a group, and how to make sound group decisions using a variety of techniques and methods. They will understand the benefit of using the CQI processes to solve agency problems in ways that benefit the

providers as well as the customers. They will recognize that they are truly making contributions to improve the care the agency provides. As they educate other staff not participating on the team, the team members' new understanding of the importance of their roles as data collectors and effectors of improvements will spread throughout the agency.

G. PROGRESSING THROUGH THE INVESTIGATION AND PLANNING

Establishing Ground Rules

Ground rules are a set of guidelines, established by the team, which govern how meetings are run and how members interact with each other. These rules help the group define the limits of acceptable or unacceptable behavior and are important to establish, even for small teams. All members of the team agree to observe the rules, which helps to prevent misunderstandings and disagreements as the team progresses. Each team identifies particular areas to address. Teams may decide to add to the list of ground rules as new issues arise. It is a good idea, at least initially, to write the ground rules on a flip chart and have them posted at each meeting. You may also want to make sure each team member has a copy. See Attachment A to this chapter for a sample list of ground rules.

Home health agencies sometimes assume that staff members do not need such guidelines, that simply being employees of the same agency means that team members will function in similar ways. What is being forgotten in this assumption is the autonomy of home health agency staff members. They may seldom have had opportunities to work as part of a team before. Therefore, the ground rules should not be ignored.

Important issues that teams commonly address in ground rules are:

- Attendance: Accepted reasons for absences and the procedure to follow for expected absence. **EXAMPLE:** "Members are excused by leader only if absent from work."

- Promptness: Whether the team is determined to start and end on time and how promptness will be encouraged or enforced.

- Meetings: Location and time, member notification, breaks, acceptance of interruptions (e.g., phone calls, pagers).

- Participation: Expectations about everyone's participation, speaking freely, listening to each other, basic conversational courtesy (e.g., not interrupting, one speaker at a time). **EXAMPLES:** "We allow disagreements." "No interrupting a speaker." "We pitch in and help each other."

- Assignments: Expectation for timely completion of any tasks to be completed outside of meeting time.

- Housekeeping: Responsibility for meeting room setup, etc.

- Use of humor. **EXAMPLE:** "Humor is allowed."

- Personal respect: Tolerance for personal insults. **EXAMPLES:** "No sniping." "No personal attacks."

Keeping on Track

Conduct a progress check at the end of each team meeting to assess how well the team is following its road map. Discuss progress and obstacles, recognize successes, and revise schedules as appropriate. Keep the team focused on the tasks and moving forward.

Identify and Learn New Tools

Train team members in activities and use of new tools as needed, (allowing a little extra time in the agenda for explanations); this is known as "Just in Time" (JIT) training. Several of the most commonly used tools can be found in many continuous quality improvement references.

Learning to Work Together (Teambuilding)

- **Learn from mistakes.** Discuss why the problem happened, how to avoid it in the future, and what was learned. Stay objective; do not lay blame.

- **Celebrate!** Recognize when the team is working especially well together, when a conflict is resolved, when someone makes a significant contribution, or when a milestone on the road map is reached.

- **Recognize what is going well.** It is a very good idea to build this in as a regular part of evaluating every meeting, especially when there is conflict, or energy is lagging.

- **Make the most of team differences.** Treat members with respect while acknowledging their different motivations, values, work styles, and traditions. Focus on members' strengths, not weaknesses. Encourage constructive ideas. Show respect for individual points of view; demonstrate understanding of every comment and respect for the person who cared enough to offer it to the team.

- **Help the team get unstuck when differences lead to conflict.** Observe team members' behavior and provide feedback (about behaviors, not people). Ask the team to help develop solutions; do not allow blaming. Summarize and clarify each point by paraphrasing when all have spoken, then wait for the owner of each point to verify the summarization. The leader needs to stay neutral, withhold judgement, and should not solve the problem. Ask the team members to identify points of agreement and disagreement, then ask them to suggest ways to proceed. Clarify how ideas might be implemented.

H. CLOSURE

It is important to reach a sense of closure when the team achieves its goal. The sense of satisfaction this brings will be carried forward to the next team or project. It provides the opportunity to tie up any loose ends and highlight any necessary follow-up.

At the meeting, ask the team to determine whether they believe the job is completed. Did the team achieve its goals? Be sure someone is recording comments as you encourage the members to participate in identifying:

- What they each learned from the experience.
- What advice they would give to others pursuing the same process.
- What the team accomplished.
- What problems the team encountered.
- What follow-up is needed and who will do it. Communicate key information from team to appropriate people. Inform anyone who needs to know.
- What presentations might be made about the work to management, other agency groups, or outside groups.

C E L E B R A T E!!!

FREQUENTLY ASKED QUESTIONS

1. When would we do the selection of teams? It seems like it would be wise to do that in advance so we can really go to work on things when we get the outcome report. If we do this and then change our minds about who we want on the work team after the target outcomes are selected, what do we do?

It would be very wise to select at least the Target Outcome Selection Team prior to obtaining the outcome report. This allows you to provide training and opportunities for practice that will greatly expedite the subsequent review of the outcome report and selection of target outcomes. Many agencies have also considered at least a few potential members of the Care Process Action Team ahead of time. It will be important for members of that team to understand the outcome report and the target outcome selection process to appropriately proceed with the investigation and development of the plan of action. The Care Process Action Team members will most likely be involved in presenting information to other staff (not on the teams), and they must be able to answer staff's questions. For example, if you identified four "core" members of the team in advance that would allow them to learn about outcome enhancement and be prepared to help the newer members of team when they are selected. The additional members of the team could be selected from staff most closely related to the target outcome selected. Many agencies have trained the Care Process Action Team members in the process-of-care investigation prior to receiving the report. This is most helpful if they have an opportunity to practice investigation processes ahead of time. (This is discussed in more detail in Chapter 9.)

2. Will we need a separate Care Process Action Team for each target outcome? If we select three or four target outcomes, that would really take a lot of staff time!

As stated in earlier chapters, we recommend that agencies select only one or two outcomes to work on, especially this first year. The processes are all new, and it is likely to take the teams longer to complete their activities. Most agencies have used separate teams, because the personnel on the team most often are selected specifically because of their relationship to the target outcome. However, some agencies have used the same team to address each of two target outcomes. The teams do not have to hold a lot of lengthy meetings if they are well-prepared ahead of time and are creative about finding ways to accomplish many of their tasks on schedule but without assembling for a meeting.

FREQUENTLY ASKED QUESTIONS

3. Should the Care Process Action Team members do all the training and monitoring involved in the implementation of the plan of action?

They should certainly be involved in planning and coordinating the various implementation and monitoring activities. Most agencies have called on people outside the team as needed for particular activities during implementation. For example, a nurse or therapist not on the team may be the best person to teach home health aides new activities, or a clinical specialist from a cooperative hospital may be needed to educate nurses in particular assessment skills. Each agency must make these kinds of decisions based on their needs and available resources.

Monitoring activities should be coordinated by a team member, because team members have a great deal of investment in helping the plan of action succeed. Many agencies have found it quite beneficial to involve a variety of staff members in the monitoring process (perhaps on a rotating basis) because it seems to heighten their awareness of and commitment to complying with the best practices.

REFERENCES AND RELEVANT LITERATURE

Hartzler M and JE Henry (1994). *Team fitness: A how-to manual for building a winning work team*. Milwaukee, WI: ASQC.

Parker GM (1991). *Team players and teamwork: The new competitive business strategy*. San Francisco: Jossey-Bass.

Scholtes PR, BL Joiner, B Braswell, L Finn, H Hacquebord, K Little, S Reynard, B Streibel, and L Weiss (1988). *The team handbook: How to use teams to improve quality*. Madison, WI: Joiner Associates.

Tuckman BW (1965). Developmental sequence in small groups. *Psychological Bulletin* 63(6):334-399.

Zenger JH, E Musselwhite, K Hurson, and C Perrin (1994). *Leading teams: Mastering the new role*. Homewood, IL: Business One Irwin.

ATTACHMENT A TO CHAPTER 8

GROUND RULES FOR GROUP DISCUSSION

- ✓ The group activity will start and end on time.
- ✓ Everyone is encouraged to participate.
- ✓ Only one person may speak at any one time.
- ✓ All input is equal in importance.
- ✓ All input will be recorded as stated and in clear view of participants.
- ✓ Any pending questions will be placed "on hold" in the "parking lot" to be addressed at a later time.

ATTACHMENT B TO CHAPTER 8

HOW TO RECOGNIZE A GOOD TEAM

Effective Teams:

- Develop an informal, conformable atmosphere where everyone is encouraged to participate, diversity is recognized, and different points of view are accepted
- Listen to one another and openly express ideas
- Exhibit various interaction styles
- Make decisions by consensus
- Accept and complete tasks on time
- Examine the effectiveness of meetings on a regular basis
- Evaluate the purpose and goals of each meeting
- Have team leaders who model appropriate behaviors and who assist team members with constructive participation

ATTACHMENT C TO CHAPTER 8

SELECTING THE OUTCOME ENHANCEMENT TEAMS

EXERCISE: Selecting the Outcome Enhancement Teams

Directions: Use this worksheet to prepare for the outcome reports. Answer each question as it pertains to your agency.

List those people in your agency who are the most critical to include in team(s).

_____ _____ _____ _____

_____ _____ _____ _____

Of the above, who would be important to include on the Target Outcome Selection Team?

_____ _____ _____

_____ _____ _____

Of the above and depending on the target outcome selection, who would be important to include on the Care Process Action Team?

_____ _____ _____

_____ _____ _____

What are the agency protocols for teams and team meetings? Are there established guidelines and ground rules?

What teams currently exist for quality improvement and what is the possible overlap?

How and when will the members of the teams be recruited and educated on their responsibilities?

When must the Target Outcome Selection Team meet?

ATTACHMENT D TO CHAPTER 8

AGENCY STRATEGIES TO UTILIZE TEAMS FOR OUTCOME ENHANCEMENT

1. Involvement of staff in the outcome enhancement activities from the beginning facilitates acceptance of the need for change in care delivery and the implementation of this change. Clinicians know agency procedures and how the use of them varies among individual clinicians of various disciplines. Clerical and business office staff members know what works and what does not work in the agency's paper flow processes.

2. Staff members are often the best resources for creative solutions to identified problems.

3. Institute creative approaches to communication that limit meetings to an absolute minimum. For example: many activities of the process-of-care investigation can be done by individuals working separately, then meeting to discuss findings and formulate conclusions. Brainstorming can occur outside a meeting and multi-voting can take place without all individuals being in the room simultaneously by using voicemail, e-mail, or memos.

4. Utilize staff with training (or past experience) in quality/performance improvement tools or activities. They can often serve as "coach" or "facilitator" for teams or meetings and can assist meetings to proceed more efficiently.

5. Involved and knowledgeable staff can do much to help educate other staff and gain the "buy-in" needed to effectively change care practices.

6. Request volunteers to participate in various activities. Clinicians often are extremely interested in providing input to clinical care delivery issues, and they may not have been asked for such input in the past. The number of volunteers interested in improving patient care may surprise you. Additional volunteers might include students (e.g., those receiving clinical experience at the agency or staff pursuing advanced degrees) or administrative staff members.

7. Honor the input of your staff members. When agency management requests staff participation, but then ignores the input received, the value of staff involvement is negated.

8. Look for ways to utilize the clinical records staff. They can be taught to utilize the patient tally report, to mark episodes of care for review, or to participate in the review with some training or oversight.

9. When the team has identified the best practices and is ready to plan the intervention actions, consider involving some key people (not on the team) who can facilitate the implementation of those activities.

10. Consider using only one or two team members to coordinate monitoring activities (possibly with regular QI staff available in some agencies), then rotate regular clinical staff through the monitoring and record review activities to help reinforce the importance of implementing the best practices.